PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004



Application or Docket Number

10/509895

(Column 1) (Column 2)						Column 2)		SMALL E TYPE	YTITY	OR		R THAN ENTITY
TOTAL CLAIMS]	RATE	FEE	1.	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	475	OR	BASIC FEE	
то:	TAL CHARGEA	BLE CLAIMS	/O/ minus 20 =		8/		1	X \$ 9 =	729	OR	X \$ 18 =	
IND	EPENDENT CL	AIMS	e minus 3 =		*		1	X \$ 44 =	7007	OR	X \$ 88 =	
MU	LTIPLE DEPEN	DENT CLAIM F	PRESENT .			8	1	+ \$ 150 =	150	OR	+ \$ 300 =	
* If the difference in column 1 is less than zero, enter "0" in col						column 2	_ •	TOTAL	354	OR	TOTAL	<u> </u>
CLAIMS AS AMENDED - PART II											OTHE	THAN
(Column 1)			1	(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESE	NTATION OF I	MULTIPLE DEF	PENDENT	CLAIM			+ \$ 150 =		OR	+ \$ 300 =	
(Column 4)								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	,	(Column 1) CLAMS		(Colur		(Column 3)	pro-1995	20-2 mm, 120-11-03	mara, acia ai es	SAMES SOCIETY	erandown and	eragine
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIÖNAL FEE
	Total	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT O				CLAIM			\$ 150 =		OR	+ \$ 300 =	7
(Column 1)								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1) CLAIMS		(Colum		(Column 3)	_			_		
2		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	\$ 150 =		OR -	+ \$ 300 =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	Thyrical Hull		~ io (iotatorii	raependent)	is the hi	ignest number fou	nd in the	e appropriate (oox in column	11,		